



# State of New Hampshire 2015 NON PROFIT REPORT

REPORT DUE BY December 31, 2015

Filed

Date Filed: 01/07/2015

Business ID: 616090

William M. Gardner

Secretary of State

PINE LANDING UNIT OWNERS' ASSOCIATION

PO BOX 100

FREEDOM, NH 03836-0100

ENTITY TYPE: NONPROFIT

BUSINESS ID: 616090

STATE OF DOMICILE: NEW HAMPSHIRE

PROMOTE HEALTH, SAFETY, WELFARE OF OWNERS OF PROPERTY  
IN TOWN OF FREEDOM, PROMOTE GROWTH, PROSPERITY ETC.

ADDRESS OF PRINCIPAL OFFICE:

217 SWETT HILL RD

FREEDOM, NH 03836

REGISTERED AGENT AND OFFICE: (foreign only)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Jack Sachetti

STREET PO Box 974

CITY/STATE/ZIP Intervale NH 03845-0974

TREAS. Thomas O'Donnell

STREET 34 Nicole Circle

CITY/STATE/ZIP East Hampstead NH 03826

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND OFFICERS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Wilbur Webster

STREET 9 Sunrise Terrace

CITY/STATE/ZIP Plaistow NH 03865

DIR. William Evans

STREET 194 Woodhill Hooksett Road

CITY/STATE/ZIP Bow NH 03304

DIR. Dennis Friel

STREET 7 New Bridge Avenue

CITY/STATE/ZIP Woburn MA 01801

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by president or other officer.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Andrew L Drummond

Please print name and title of signer:

Andrew L Drummond

/

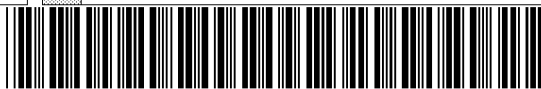
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$25.00

E-MAIL ADDRESS (OPTIONAL):



061609020150257

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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